

**SENATE . . . . . No. 1305**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

***Mark C. Montigny***

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act ensuring timely electronic health record interoperability across health systems to protect patient lives.

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PETITION OF:

NAME:

*Mark C. Montigny*

DISTRICT/ADDRESS:

*Second Bristol and Plymouth*

**SENATE . . . . . No. 1305**

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By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1305) of Mark C. Montigny for legislation to ensure timely electronic health record interoperability across health systems to protect patient lives. Public Health.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
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An Act ensuring timely electronic health record interoperability across health systems to protect patient lives.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1           Notwithstanding any special or general law to the contrary, by January 1, 2020 all  
2 provider organizations including, but not limited to, acute care hospitals, community health  
3 centers, and medical ambulatory practices shall (1) connect to and utilize the Mass HIway  
4 system established pursuant to chapter 118I and 101 CMR 20.08 in order to implement  
5 interoperability across health systems by sending and receiving HIway direct messaging and (2)  
6 notify all patients of their right to participate in the health information exchange authorizing the  
7 provider to transfer or access all or any part of a patient’s electronic health record pursuant to  
8 section 13 of chapter 118I and 101 CMR 20.07.

9           Notwithstanding section 8 of chapter 118I, the executive office of health and human  
10 services shall assess a penalty to any provider organization that fails to comply with this Act as  
11 follows: (1) for acute care hospitals no more than \$30,000 per month; (2) for large medical  
12 ambulatory practices no more than \$20,000 per month; (3) for medium medical ambulatory

13 practices no more than \$5,000 per month; (4) for community health centers and small medical  
14 ambulatory practices no more than \$1,000 per month. The executive office of health and human  
15 services may issue a waiver if the provider organization does not have broadband internet access  
16 or can demonstrate good cause.